**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 2

Application Number	10/603,695
Filing Date	06/26/2003
First Named Inventor	Michael Dobbs
Art Unit	2828
Examiner Name	
Attorney Docket No.	ITDE-PACD106US

**ENCLOSURES (Check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/Declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts under<br>37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><br><input checked="" type="checkbox"/> Power of Attorney, Revocation,<br>Change of Correspondence<br>Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication<br>to Group<br><br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply<br>Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s) (please<br>identify below): |
|--|---|---|

**Remarks:****SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm or Individual Name	Robert P. Seitter	Registration No. (Attorney/Agent)	24,856
Signature			
Date	3/19/2004		

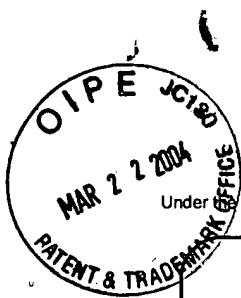
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Typed or printed name	Robert P. Seitter		
Signature		Date	3/19/2004

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/603,695
Filing Date	6/26/2003
First Named Inventor	Michael Dobbs
Art Unit	2828
Examiner Name	
Attorney Docket Number	ITDE-PACD106US

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the Practitioners associated with the Customer Number: 23122

☒ Please change the correspondence address for the  
above-identified application to:

☒ The address associated with Customer Number:

23122

**OR**

☐ Firm or  
Individual Name

Address

Address

City

Country

State

Zip

Telephone

Fax

**I am the:**

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name Thomas M. Blasey

Signature

Date

3/18/04

Telephone

703-790-6314

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_ forms are submitted.

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